	6/11/00	Paper No.:
DATE	: <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	
TO SPE OF	: ART UNIT <u>2624</u> Dav	id Hudspeth (Spe)
SUBJECT	: Request for Certificate of Correction f	
Please resp	ond to this request for a certification	ate of correction within 7 days.
FOR IFW FI	<u>LES</u> :	
the IFW app		ctions as shown in the <b>COCIN</b> document(s) in should be introduced, nor should the scope or
	plete the response (see below) nent code COCX.	and forward the completed response to scanning
FOR PAPER	R FILES:	
		ctions as shown in the attached certificate of below) and forward it with the file to:
South	Ficates of Correction Branch ( n Tower - 9A22 Location 7580	Certificates/of Correction Branch
		703-308-9390 ext.
Thank You	For Your Assistance	
	,	·
<del>-</del>	t for issuing the above-identif	ied correction(s) is hereby:
Note your decision	<u> </u>	Tied correction(s) is hereby:  All changes apply.
Note your decision	on the appropriate box.	
Note your decision	on the appropriate box.  Approved	All changes apply.
Note your decision	Approved Approved in Part Denied	All changes apply.  Specify below which changes do not apply.  State the reasons for denial below.
Note your decision	Approved Approved in Part	All changes apply.  Specify below which changes do not apply.  State the reasons for denial below.
Note your decision	Approved Approved in Part Denied	All changes apply.  Specify below which changes do not apply.  State the reasons for denial below.
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